

Amendment

TOWNSEND and TOWNSEND and CREW LLP
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Attorney Docket No. 11823-002630

In re application of: CARY L. QUEEN ET AL.

Application No.: 08/484,537

Filed: JUNE 7, 1995

Group Art Unit: 1642

For: IMPROVED HUMANIZED IMMUNOGLOBULINS

THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

I hereby certify that this correspondence is being delivered by Hand Delivery to:

Examiner J. Reeves, Ph.D.

Art Unit: 1642

U.S. Patent and Trademark Office

Washington, DC 20231

On December 23, 1999

By: *Capital Patent*

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Sir:

Transmitted herewith is an Amendment Under 37 C.F.R. §1.116, attaching copies of two references (Queen et al. and Gorman et al.) and page 1 of the specification of U.S.S.N. 07/223,037, in the above-identified application.

- ☒ Substitute Specification and Drawings;
☒ Petition to Correct Inventorship Under 37 CFR 1.48(b) and 37 CFR 1.48(c);
☒ Four Terminal Disclaimers;
☒ Declaration Under 37 C.F.R. 1.132 (Cary L. Queen) attaching Exhibit A;
☒ Two [Substitute] Declaration and Power of Attorney forms executed in counterpart;
☒ Return postcard.

If any extension of time is needed, then this response should be considered a petition therefor.
The filing fee has been calculated as shown below:

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	(Col. 1)		(Col. 2)		(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA
TOTAL	* 60	MINUS	** 60	=	0
INDEP.	*17	MINUS	*** 17	=	0
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					

SMALL ENTITY

RATE	ADDIT. FEE
x \$9.00 =	
x \$39.00 =	
+ \$130.00 =	
TOTAL ADDIT. FEE	

OTHER THAN
SMALL ENTITY

RATE	ADDIT. FEE
x \$18.00 =	\$0.00
x \$78.00 =	\$0.00
+ \$260.00 =	
TOTAL	\$0.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[X] No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

[] Claims fee \$ _____
[X] Any additional fees associated with this paper or during the pendency of this application.

NO extra copies of this sheet are enclosed.

TOWNSEND and TOWNSEND and CREW LLP

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